



Process of Care

November 15, 2019



COOK COUNTY
HEALTH

HRO Workgroup Dyad

Process of Care

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Process of Care Metrics

Rate of Excess Days

- Heart Failure
- Pneumonia
- Myocardial Infarction

Hospital Acquired Conditions

- C Diff Infection
- CAUTI
- Total Hip/Knee Complications

PSI-90 Composite (Patient Safety Indicator)

- PSI-03 (pressure ulcer)
- PSI-06 (Pneumothorax)
- PSI-09 (Periop hemorrhage)
- PSI-11 (Post op respiratory failure)
- PSI-12 (PE/DVT)
- PSI-13 (Postop sepsis)

ED Left without Being Seen

- Median ED Time (admit)
- Median ED Time (discharge)
- Admit Decision to ED Depart



Excess Days

Poushali Bhattacharjee, MD, MS

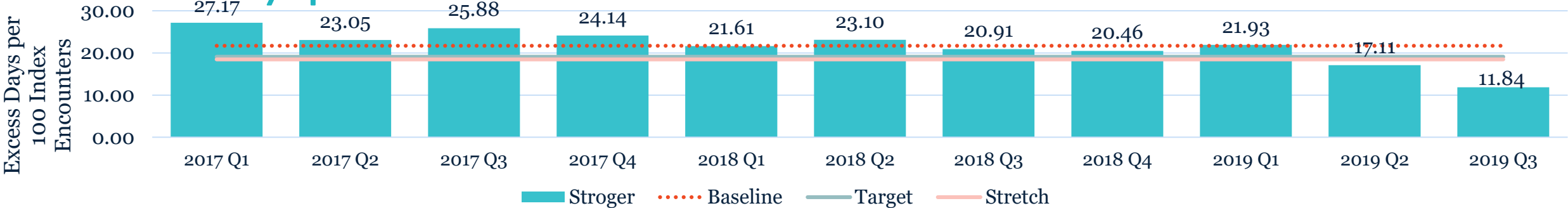
Darleen Vlahovic, MBA, BSN, RN



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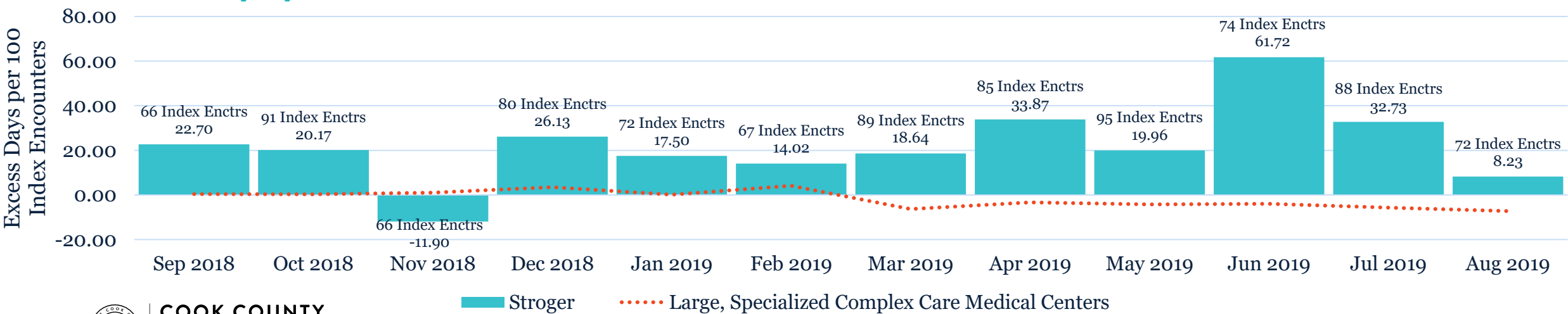
Excess Days of Acute Care

Excess Days per 100 Index Encounters

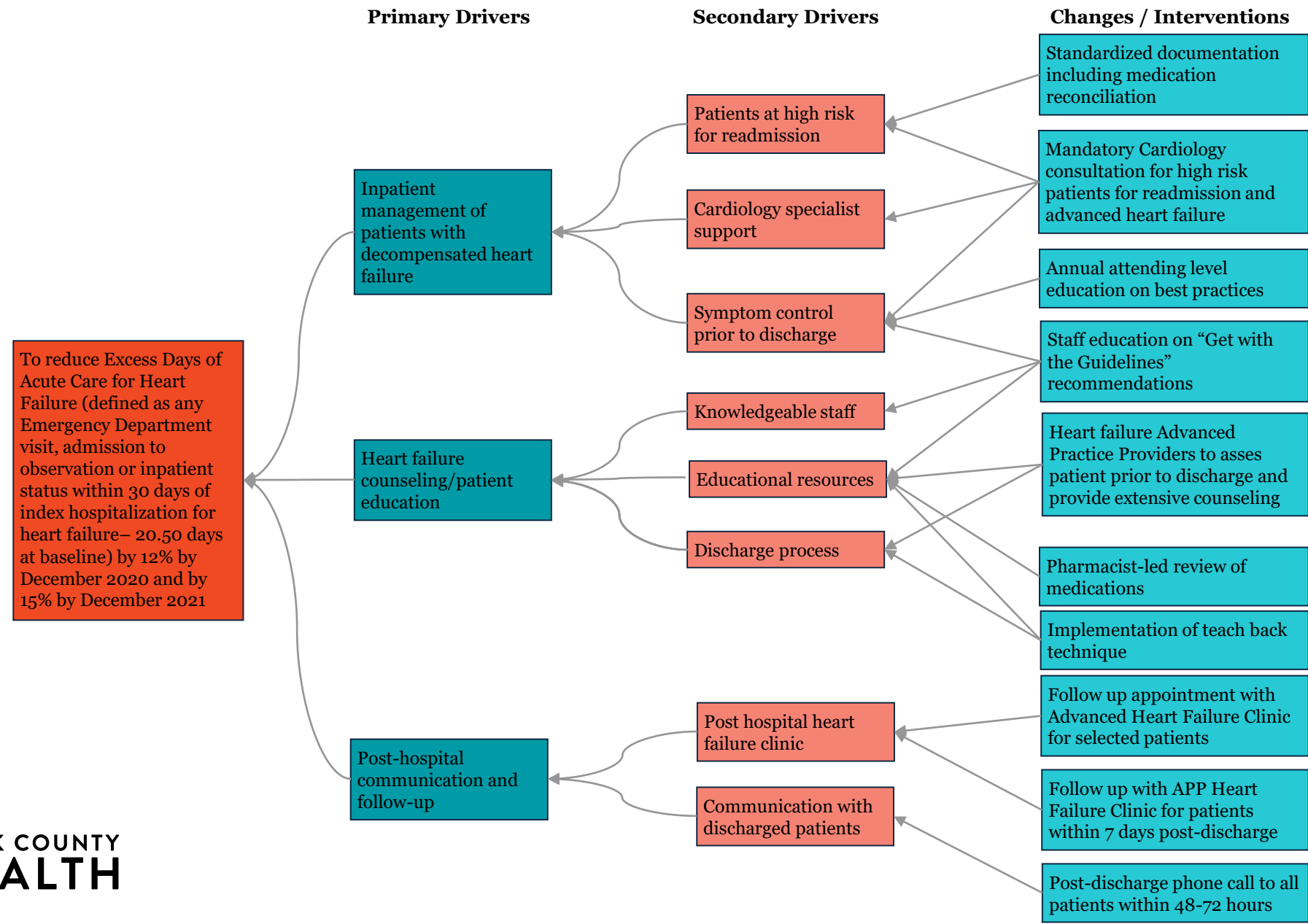


Excess Days of Acute Care: Heart Failure

Excess Days per 100 Index Encounters



Excess Days of Acute Care: Heart Failure Drivers



Excess Days of Acute Care: Heart Failure

Aim

To reduce Excess Days of Acute Care (defined as any Emergency Department visit, admission to observation or inpatient status within 30 days of index hospitalization for heart failure, acute myocardial infarction, and pneumonia – 21.71 days at baseline) by 12% by December 2020 and by 15% by December 2021.

Plan	Do	Study
<ul style="list-style-type: none">• Optimize inpatient management of CHF for index admissions• Implement CHF Day of Discharge Counseling• Improve Post-Hospital Communication and Follow-Up	<ul style="list-style-type: none">• Annual attending-level education on best practices and common pitfalls• Cardiology consult for patients with advanced heart failure• Standardized documentation on admission H&P and progress notes• Use AHA-approved materials to improve patient education as well as clear instruction on what to do if symptoms worsen• Discharge counseling in 4FLEX and CCU• Call all patients with CHF Exacerbation as primary diagnosis within 48-72 hours of discharge to check on symptoms and ensure they have meds and appropriate follow-up scheduled• Post hospital APP CHF Clinic• Ensure post-hospital appointment listed on paperwork	<ul style="list-style-type: none">• Sample chart review to assess completeness of discharge med list• Number of cardiology consults• Compare readmission rates for patients with cardiology involvement and those without• Track all nurse discharge counseling notes• Balancing measures including patient satisfaction and impact on other nursing functions• The AHA Research Coordinator to track all CHF patients discharged from the hospital and records their metrics• attendance at PH appointments• phone calls• number of revisits to ED and readmissions

Left Without Being Seen



Lauren Smith, MD, MBA

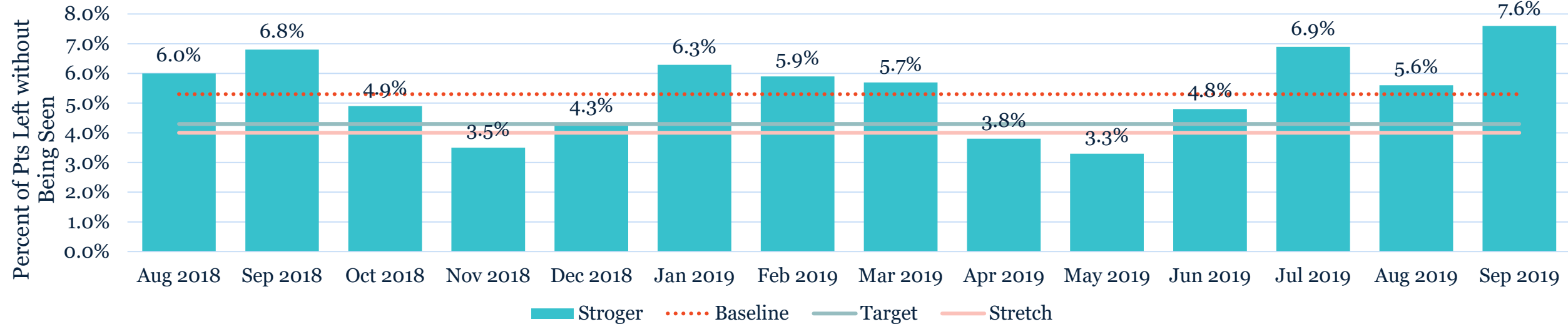
Annmarie McDonagh, DNP, RN



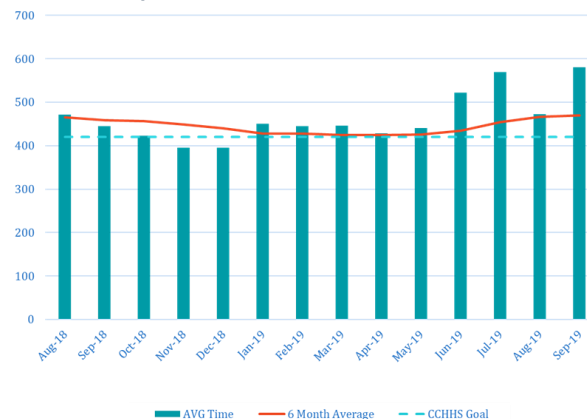
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Left without Being Seen

Pt Encounters in ED that Ended with Pt Leaving Before Being Seen by Physician



Emergency: Median Time from ED Arrival to ED Departure for Admitted ED Patients



Emergency: Median Time from ED Arrival to ED Departure for Discharged ED Patients



Left without Being Seen

Aim

To reduce percentage of patients Left Without Being Seen from Stroger Hospital (5.3% at baseline) by 18% (target 4.3%) by December 2020 and by 20% (target 4.0%) by December 2021.

Plan	Do	Study
<ul style="list-style-type: none">CT Surge Project - Streamline process to move patient to and from ED CT suiteBed Control Huddles - Improve communication between ED, Bed control, ODA, EVS, Transportation	<ul style="list-style-type: none">At the time of surge (8 patients waiting for CT in ED) Radiology Supervisor will be activated to triage and control CT patient flow, including opening 2nd floor CT suiteAdditional Transporter assigned to second shift, to match peak ED volume timesTeam Members will meet in Bed Assignment Dept. Mon-Fri at 6pm and 10pmTeam Members will include, Ed Coordinator/Charge RN, Bed Assignment, EVS Leader, Transportation LeaderThe Bed Control Huddle will address delays and develop action plans to correct in real time	<ul style="list-style-type: none">Frequency of surge activationTurn-around-time for CT in EDMedian time from ED arrival to discharge (admitted vs. departure)Balancing measures including impact on TAT for CT on inpatient unitsAverage time for bed acquisitionMedian time from ED arrival to discharge (admitted vs. departure)

Questions?

Thank you!



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